Covid-19 and the Need to Contextualise Problems and Policies

A Comparative Perspective

M de Vries
Department of Public Administration and Management
University of Free State

H J Kroukamp
Department of Public Administration and Management
University of Free State

L C van Jaarsveldt
Department of Public Administration and Management
University of South Africa

ABSTRACT

Although the Covid-19 pandemic that spread over the world in 2020 is a tragedy in terms of casualties, it is also exemplary. Exemplary, as an illustration that identical policies in different contexts have varying effects and that contextualisation is a necessity when analysing the effectiveness of public policies. The one-size-fits-all response from governments all over the world enables the investigation into the anticipated and unanticipated consequences of these policies within varying contexts. This article takes South Africa as a point of departure and compares the contextual features important for the Covid-19 pandemic seen in this country with those visible in other countries. The conclusion is that the worldwide responses to the Covid-19 pandemic are illustrative for the importance of contextual features on the varying effects of uniform policies. This is seen in the varying effectiveness thereof in reducing the spread of the virus and the fatality rate – the anticipated consequences, and in the varying economic, social, and political effects of the policies – the unanticipated consequences.

INTRODUCTION

The year 2020 may be seen as the year in which policymaking all over the world was shifted to virologists. During the Covid-19 pandemic, most governments went to these medical experts for advice, resulting in a one-size-fits-all policy for every country. One problem in the recommendations that came about was that they were a-contextual. The general view is that, as the nature of the virus is identical in the United States of America (USA), Europe, Brazil, Russia, India, China, South Africa and the rest of the world, thus the policies to contain the spread thereof must be identical as well, and this should result in identical outcomes. If this results in varying outcomes, for instance, if the fatality rate is less in India or Russia compared to the fatality rate in European countries, it must be because of poor statistics in those countries, the lack of testing, or unreliable measures.

In the social sciences scholars have known for a long time that analyses of public policies on behalf of policymakers need to be contextualised as the effects of such problems and of government actions vary depending on the structural and cultural specificities involved (Haque 1996, Bagchi 1996, Lewis 2015). Modern (realistic) evaluation research points out that the intended effects and the degree of goal achievement – anticipated effects – of policies vary under different contextual conditions (Pawson and Tilly 1997). In the classic view, the effects and side effects are perceived to be due to the contents of policies and are seen as a natural by-product of the goals set and the use of financial, communicative, judicial, and/or institutional-organisational instruments respectively (De Vries 2016). The modern view is, however, that the effectiveness of policies is the result of the policy in interaction with contextual features.

This introduction calls for a re-assessment of theories on cause and effect, policies, and their intended effects and unanticipated consequences. The research presented below is based on an analysis of the policies seen all over the world to contain the spread of and the mortality caused by Covid-19 and argues that, first of all, the effectiveness of policies and their unintended consequences need to be contextualised.

Covid-19 has had a big impact on the world since the start of 2020. By 27 October 2020, over 43 million people had been infected and – at a conservative estimation – nearly a million have died (WHO 2020a). The policies implemented all over the world to combat the spread of the virus were similar as most countries followed the recommendations of the World Health Organization (WHO).

This makes the case of Covid-19 policies unique. Citizens witnessed a one-size-fits-all public policy that countries all over the world implemented at approximately the same time. It enables an investigation of the varying anticipated and unanticipated consequences of the policies enacted to combat the virus in different contexts and different situations on the ground. Based on the above

background, the research is guided by the following question: What is theoretically known about the need to contextualise analyses of effects and side effects of public policies, and does the analysis of the anticipated and unanticipated effects of Covid-19 and its policy response point to the need to contextualise such analyses?

The next section presents a theoretical overview focusing on the theory regarding anticipated and unanticipated consequences and the need to contextualise such effects. Subsequently, this article applies this theory to the analysis of the intended and unintended effects of the worldwide policies meant to contain the pandemic. Lastly, a discussion and the outcomes will be provided with the conclusion.

THEORETICAL OVERVIEW

When the first cases of the coronavirus arose at a wet market in Wuhan, China, few people anticipated the grave health effects it would cause all over the world in a short period of time (WHO 2020b). A simple analysis of the main cause suggested that wet markets such as those in Wuhan are dangerous, as meat is sold alongside live animals. This facilitates zoonotic diseases, meaning viruses are transmitted from animals to humans. For this reason, Wuhan authorities banned the trade of live animals at wet markets on 22 January 2020. The policy followed the basic idea that such a public policy has desirable effects and the absence thereof had undesirable consequences. The presence or absence of public policy is the cause, and the improvement or deterioration respectively in the problematic situation is the effect thereof. This is the basic idea behind all public policies.

Nonetheless, the prohibition of wet markets in Wuhan could not prevent the spread of the coronavirus all over the world. By October 2020, more than 43 million people had been infected and over a million people had died because of what then became known as Covid-19. That is according to official figures, which are probably inaccurate as the suspicion is that many governments tried to produce favourable statistics as far as possible. This is indicated, for instance, by the difference between the number of deaths officially due to the virus and the number of excess deaths – the number of people who died in a month compared to the average of people who died in that same month in previous years. In the countries that calculated such figures, the surplus deaths were sometimes 2.5 times higher than the official figures on Covid-19 fatalities suggested.

The spread of Covid-19 was primarily conceived to be a public health issue. This put the virologists within the WHO as well as national virologists at the centre of delivering expertise and advice to governments, suggesting making developments in all other policy areas secondary to the common approach to limit the

number of deaths as a result of becoming infected. This centrality of health care specialists also resulted in very similar policies being opted for all over the world.

For the public, the WHO recommended policies and most governments used the approach of social and physical distancing, personal and respiratory hygiene, self-isolation, and staying informed (WHO 2020c). For governments, the main policies included the following: lockdowns – meaning that people were confined to home; closing all non-essential businesses – meaning that people had to work from home or became unemployed; closing all educational sectors – from basic schooling to universities; prohibiting large gatherings – meaning that people could not meet in large groups or attend mass events; regulating the mandatory use of face masks; and later on the tracking and tracing of contacts of infected persons. The specifics varied between countries as to what type of work is considered to be essential and non-essential, what distance is prescribed, what hygiene is needed, what is the maximum number of people allowed in a gathering, and under which circumstances face masks are mandatory. However, the nature of the policies was largely identical for many countries. Again, the assumption was that these policies – irrespective of context – would produce the desired effect of containing the spread of the disease. It was assumed to be self-evident that such policies were like medical treatments in which "it would be an absurdity to imagine that the social context transforms the treatment" (Pawson and Tilly 1997:59).

However, in social science, it is widely acknowledged that this is precisely what happens in social programmes. In a medical perception, the underlying idea is that if the problem is the same everywhere, that is, the spread of Covid-19, the treatment should be the same everywhere, hence the one-size-fits-all solutions. This line of thinking ignores the growing knowledge from the social sciences that the effectiveness of policies is not so much due to the goals and instruments used in the policies, but rather due to the fit between the nature of the policy and the context in which it is implemented (Faletti and Lynch 2009). Faletti and Lynch argue "unless causal mechanisms are appropriately contextualised, we run the risk of making faulty causal inferences" (Faletti and Lynch 2009:1144) and that "causation resides in the interaction between the mechanism and the context within which it operates". Pawson (2002) warned policymakers about the risk of mechanically transferring successful policy programmes to contexts in which the underlying mechanism may not lead to the same outcome (Faletti and Lynch 2009:1151). Pawson and Tilly (1997) put it bluntly when they say, "We know that there are no universal panaceas and no magic bullets in the world of social and public programmes. Everyone understands that what works in Dulwich might not go down so well in Darlington, still less in Detroit". They argue about their own 'realist' approach that, "[I]n realist jargon the causal connections are established via 'context, mechanism, and outcome configurations'... In the realist view, all

three elements must be considered in order to address the master question, 'what works?'".

The conclusion from the wealth of research on contextualisation is that the extent to which intended effects are achieved varies with a context defined as, "the relevant aspects of a setting (analytical, temporal, spatial, or institutional) in which a set of initial conditions leads (probabilistically) to an outcome of a defined scope and meaning via a specified causal mechanism or set of causal mechanisms" (Faletti and Lynch 2009:1152).

Not investigated before is that the unanticipated consequences of public policies might also vary when a one-size-fits-all policy is implemented in different contexts. The fact that policies as a kind of purposeful action may have unanticipated consequences was already addressed in 1936 by the famous American sociologist, Robert Merton, in one of his most cited papers, "The unanticipated consequences of purposive action". Merton (1936:895) defined consequences as "those elements in the resulting situation, which are exclusively the outcome of the action, i.e., those elements which would not have occurred had the action not taken place" (Merton 1936:895). The author defined actions as distinct from behaviour as they involve "motives and consequently a choice between various alternatives" (Merton 1936:895). This includes public policies. Another element of the equation, that consequences are unanticipated, refers to those consequences of purposive action that are unforeseen. These can be either functional, dysfunctional, or irrelevant (in Merton's terminology, non-functional) (Merton and Merton 1968). The authors differ from manifest functions, which are conscious and deliberate, while latent functions are unconscious and unintended. "Manifest functions are those objective consequences contributing to the adjustment or adaptation of the system which are intended and recognized by participants in the system. Latent functions, correlatively, being those which are neither intended nor recognized" (Merton 1957:105). Because it is hardly possible to look inside the heads of policymakers, it is nearly impossible to tell for sure whether or not the consequences were unanticipated. This research restricts such consequences to those effects that are not foreseen in either their direction or magnitude, and which are not taken into account when considering designing and/or implementing a policy.

Merton (1936:904) mentioned five causes for the occurrence of dysfunctional unanticipated consequences, namely limitations in the existing state of knowledge; error in the appraisal of the present and future situation, including wishful thinking, and the refusal or inability to consider certain elements of the problem; economic interests in which immediate interests often dominate the consequences in the long term; basic cultural values in which the felt necessity of an action out of basic values precludes the consideration of further consequences; and the appearance of so-called self-defeating predictions, where predicting a certain outcome itself tends to change the initial course of developments (Merton 1936:

904). In those days, it was not standard to address the issue that purposeful action can have varying unintended consequences, because of specifics in different contexts.

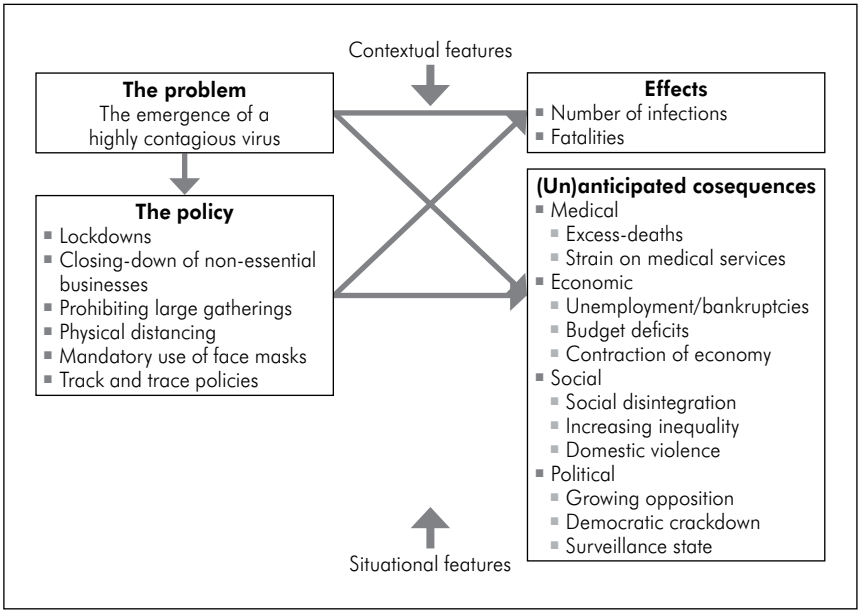
The theory resulted in much research, especially in the fields of sociology and public policy analysis. For scholars, the distinction between unanticipated consequences and intended effects is important because analysing unanticipated consequences implies that they search for the 'real' effects hidden behind 'stated' ones (Berger 1963:38). It urges scholars to advance a "debunking motif" (Ritzer 2000). Research based on the theory of unanticipated consequences of policies addressed, among others, developments in bureaucracy (Scott 2013), social innovation (Van Wijk, Zietsma, Dorado, De Bakker and Marti, 2019), anti-gambling policies (Preston and Roots 2004), and drug-control policies (Chouvy 2012). As Bernhard and Preston (2004:1397) noted, "Merton certainly served as a founding figure for this tradition as he sought to separate the stated motivations behind policy decisions from the unintended consequences that resulted".

Concluding, this section argued that it is relevant to examine the unanticipated consequences of purposive action as suggested originally by Robert Merton. This section also argued that policymaking as a major type of purposive action provides an excellent case for such analysis. This is subsequently more relevant, as the theories and typologies concerning policymaking as developed in the last decennia enable researchers to limit, specify and understand the nature of the unanticipated effects of policymaking. The worldwide approach to combat Covid-19 presents a unique case in that it is a one-size-fits-all policy applied in many countries under very different circumstances. The next section argues that the case is exemplary in showing the difficulties in making general claims about intended effects as well as unanticipated consequences of the problem as such, and the need to look for the interaction between policies and varying contextual features in different countries.

COVID-19 POLICIES AND THE NEED TO CONTEXTUALISE (UN)ANTICIPATED CONSEQUENCES

This section will argue that the problem of Covid-19 is illustrative for the need to contextualise the varying impacts of the problem and policies in different countries. First, this section will address the need to contextualise the anticipated consequences of the problem and the policy responses. These anticipated consequences are found in the spread of the virus and its fatality rate. South Africa is used as an example to illustrate this point. This is a country of approximately 57 million people and witnessed its first infected patient on 1 March 2020. Two weeks later, President Ramaphosa declared a national state of disaster, prohibiting

Figure 1: A simplified conceptual model: Covid-19



Source: (Authors' own construction)

gatherings of more than 100 people. On 18 March, schools were closed, and on 23 March, the president announced a national 21-day lockdown to be effected on 26 March and to end on 16 April (South African Government 2020). Exempt from the lockdown were:

- health workers, pharmacy and laboratory personnel, and emergency personnel;
- security services (police officers, military personnel, and private security);
- people regarded as necessary to the basic functioning of the economy (supermarkets, transportation and logistical services, petrol stations, banks, essential financial and payment services);
- those working in industries that cannot be economically shut down (mines and steel mills).

Again, this article takes the development of the problem and the policy responses in South Africa as the point of departure, comparing developments in South Africa with developments in other countries. Translating the expose presented in the theory section, in a simplified model concerning the pandemic and the responses to it, resulted in Figure 1.

The figure shows the need to contextualise all the effects. It also suggests that there is not only an arrow from the policy to the anticipated and unanticipated

consequences, but also an arrow suggesting the problem itself has such effects. Concerning Covid-19, the effects on anticipated consequences are self-evident as the infectivity causes infections and fatalities, while policies are intended to reduce these consequences – the spread and fatalities. Next, the anticipated consequences of the problem and the policies, will be explained.

Contextualising the anticipated consequences of the problem and the policies

Despite all the policies in place, by October 2020, the number of people in South Africa that tested positive was 708 000 and the number of official deaths due to Covid-19 exceeded 18 000 (John Hopkins University of Medicine 2020). The provinces with large cities were especially struggling, with one-third of the infected victims being inhabitants of Gauteng (Johannesburg), 18% coming from KwaZulu-Natal (Durban), and 17% from the Western Cape (Cape Town). Cape Town witnessed the start of the surge in May, the Eastern Cape and Gauteng in June, with other provinces experiencing an increase in July and August. At the end of August 2020, South Africa ranked fourth in the world in the number of infected persons, after the USA and three other BRICS countries – Brazil, India and Russia.

These developments can well be explained by contextual features existing in South Africa that worsened the consequences of the virus in South Africa. Over 20% of its population lives in overcrowded informal settlements or traditional structures. Traditional structures are defined as "all dwellings constructed from clay, mud, reeds or other locally available materials such as huts" (Socio-Economic Rights Institute of South Africa (SERI) 2018:6). The United Nations-Habitat (UN-Habitat 2006) defines informal settlements as a group of individuals living under the same roof who lack one or more of the following:

- Durable housing of a permanent nature that protects against extreme climate conditions.
- Sufficient living space, which means no more than three people sharing the same room.
- Easy access to safe water in sufficient amounts at an affordable price.
- Access to adequate sanitation in the form of a private or public toilet shared by a reasonable number of people.
- Security of tenure that prevents forced evictions (UN-Habitat 2006).

Furthermore, international statistics indicate that approximately 10% of the South African population uses open defecation, and one-quarter of the population has no access to basic sanitation services, including soap and water. In such a context, the virus has ample opportunity to spread, no matter what measures are installed. It should be noted that these are not problems only faced by South Africa.

According to the UN-Stats (UN-Stats 2020) since 2018, "the absolute number of people living in slums or informal settlements grew to over 1 billion, with 80 percent attributed to three regions: Eastern and South-Eastern Asia (370 million), sub-Saharan Africa (238 million), and Central and Southern Asia (227 million)" (UN-Stats 2020).

In terms of deaths caused by the virus – the fatality rate – South Africa has suffered less as it ranked 65th in the world at the end of August 2020, with a fatality rate of 2.1%, whereas this is worldwide 3.4% and in some of the hardest hit European countries, for example, Belgium, Spain and Italy, it even surged to 13% (John Hopkins University of Medicine 2020). This can also be explained by contextual factors, in this case, demographics. South Africa has a relatively young population with only 5.2% of its population older than 65 years. Worldwide, the percentage over 65 is 7.2%; in the USA, it is over 15%; and in Europe, in many countries, it is well over 20% (WHO 2020d). As the virus is especially fatal for vulnerable, older people, this is an important contextual factor to take into account when judging the varying effects of the virus in different countries (John Hopkins University of Medicine 2020).

Many developing countries, including South Africa, have a low number of hospital beds. In South Africa, the number is two beds per 1 000 individuals, with one-quarter thereof being in private hospitals. To compare this, the number of hospital beds per 1 000 individuals in Germany is four times as high (8.3), in France it is 6.5, in Belgium 6.2, in Italy 3.4, and in Spain 3.0 (World Bank 2020).

If someone is infected and suffers from severe symptoms caused by the virus, finding a hospital bed is a necessity. The probability of being taken to a hospital is much lower in South Africa than in Europe or the USA. The same applies to intensive care units (ICUs), which in South Africa amount to 5.8 per 100 000 of the population, while this is 34.7 per 100 000 in the USA, 29.2 per 100 000 in Germany, 12.5 per 100 000 in Italy, 11.6 in France and 9.7 in Spain (McCarthy 2020). In terms of ICUs, South Africa, however, does better than many other countries such as China and India with 3.6 and 2.3 ICU beds per 100 000 population respectively (McCarthy 2020). Such contextual features can well explain the varying fatality rate experienced by many countries.

In light of the above, this article concludes that the emergence of Covid-19 presents an excellent illustration of the need to contextualise the effects of global problems within the specifics of the national context and the situational factors confronting a country like South Africa, compared to other countries.

This also affects the authors' understanding of the effectiveness of public policies and has consequences for policymakers in that they need to consider whether it makes sense to implement international recommendations into a national policy irrespective of the situation at hand. If one-quarter of the population lives in informal settlements and lacks basic sanitation or space, one can wonder about

the efficacy of a national approach to oblige everybody to meet the requirements of social and physical distancing, personal and respiratory hygiene, self-isolation, and staying informed. For those people living in an informal settlement, meeting the requirements might simply be impossible. In such a case, area-based policies could be more effective than housing-related measures. One could even dispute the need for such policies in a country like South Africa altogether, as the expectation is that the achievement of intended effects would be low given the specifics of this country. Policies are most probably not able to contain the spread; policymakers could beforehand have foreseen that the fatality rate would be small given the age demographics and the reduction thereof due to the policies even smaller. Such a consideration depends, of course, also on the (un)anticipated effects of such policies. That is the topic to be discussed in the next subsection.

Contextualising the unanticipated consequences of the problem and the policies

This second part of the analysis addresses the unanticipated consequences of Covid-19 and the policy responses. The authors will give examples of the unanticipated, medical, economic, social and political consequences, to argue the need for contextualisation thereof.

Medical consequences

One impact of the pandemic was that it was assumed that during the lockdown, people with serious diseases – not Covid-19 related – hesitated to see their general practitioner and that general practitioners would become reluctant to see patients not suffering from this disease. Overcrowded hospitals would be unavailable for regular checks, needed surgeries, and health care appointments with patients suffering from diseases other than the virus. All this was said to be the cause of excess deaths indirectly related to the pandemic and its policy response. At least, that was described for developed countries in Europe. Excess deaths are also seen in South Africa. Researchers at the South African Medical Research Council (SAMRC 2020), calculated that up to August 18, there had been 39 087 excess deaths in South Africa. Unique to South Africa is that these excess deaths have only been seen since the second half of June, that is, after the strictest form of lockdown had already ended and was eased to level 3. The South African government distinguishes five levels of lockdown. Level 5 is the most stringent and was in force in April. Important is that during this lockdown, and contrary to the increase in excess deaths in Europe during lockdowns, one sees negative figures for excess deaths in South Africa during this period. This is due, among others, to fewer road traffic accidents and fewer homicides. With the lowering of the lockdown level in South Africa, the restrictions were eased. At the time the excess

deaths started to rise. Although requirements regarding social distancing, wearing face masks and hygiene were still in place and compulsory, this allowed the resumption of rail, bus and taxi services; e-hailing services; private vehicles; the reopening of personal care services, restaurants for 'sit-down' meals; accredited and licenced accommodation, conferences and meetings for business purposes; cinemas, theatres, libraries, museums, archives and galleries, casinos; and non-contact sports (South African Government 2020).

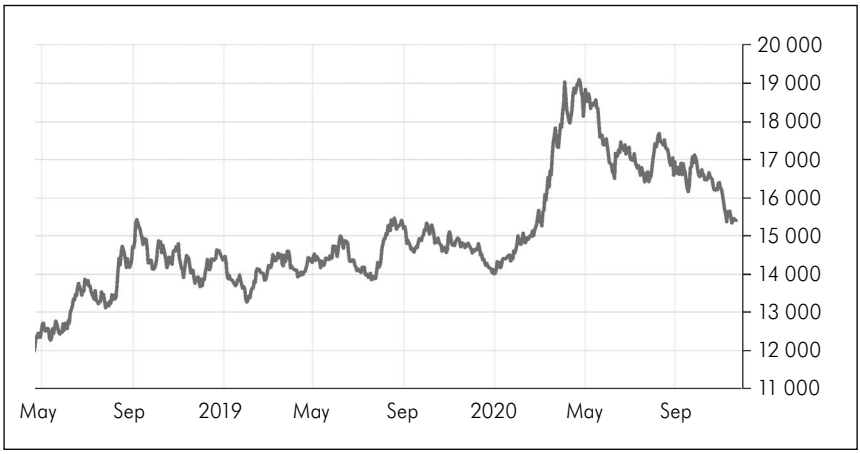
Important for the authors' argument on the need for contextualisation is that in many European countries the figures on excess deaths increased *during* the lockdown and went down again after the lockdowns ended, while in South Africa, the surge only became apparent two to three months *after* the lockdown. In South Africa, the excess deaths as an indicator for unanticipated medical consequences have to be interpreted differently from those in European countries. A situational factor, specific for developing countries, including South Africa, explaining this is found in three reports. The first one is from the International Labour Organisation (ILO), showing that the share of informal employment in South Africa is about 35% and an additional 9.2% working in households (ILO 2018). In practice, the formal or informal nature of a job held by an employee is determined based on operational criteria such as social security contributions by the employer (on behalf of the employee), and entitlement to paid sick leave and paid annual leave (ILO 2018:10). These workers are excluded from government stimulus packages and lose their income immediately during a stringent lockdown. Within the first month of the lockdown three million South Africans had lost their jobs, contributing to an increase in food insecurity and poverty. Widespread food shortages emerged in mid-July.

Another report showing the devastating consequences of the lockdown and closing all non-essential businesses is from researchers from the Stellenbosch and Johannesburg universities (Wills, Patel, Van der Berg and Mpeta 2020). Based on a survey, the authors conclude that 40% of all adults reported that their household lost its main source of income after lockdown started in South Africa on March 27 and that in the two months after, 21% went hungry. Wills *et al.* (2020) further argue that despite the government's relief package, large groups of households are experiencing tremendous hardship as a direct consequence of the lockdown and losing household income sources. It could well be that their inadequate financial foundation had severe consequences even when the lockdown was eased; in June they were still only permitted to leave their home to go to work if they had a permit, which people in the informal sector do not have.

Economic consequences

It is undisputed that Covid-19 and the resulting policies – especially the lockdown and closing of all non-essential businesses – also had economic consequences

Figure 2: Exchange rate changes ZAR to US$ between May 2019 and August 2020



Source: (South African Reserve Bank 2020)

and this is seen in many countries. Nonetheless, the economic impact varies enormously between countries. In South Africa, the government is expected to have a shortfall in tax revenues in 2020/2021 of R300 billion on total tax revenues of R1 422 billion in 2019. In April 2020, it installed first a R500 billion stimulus package, expanding it one week later to R800 billion. Furthermore, South Africa is expected to see up to a 10% contraction of the GDP, whereas the prediction in 2019 was that GDP in 2020 would grow by 1.7% (National Treasury Republic of South Africa 2020).

That economic consequences vary over countries is best seen in exchange rates. When South Africa's President Ramaphosa announced a national 21-day lockdown on 23 March, to be effective on 26 March and to end on 16 April, in the same week the exchange rate of the South African rand devalued compared to the US$ by 25% (see Figure 2).

Exchange rates are used to illustrate the impact of contextual factors as they vary per definition between countries. The decreasing value of one currency is the increase in the value of the other currency. Similar changes were seen in the other BRICS countries (Bank of England 2020). The Brazilian Real lost nearly half its value, the Russian Ruble lost 29%, the Chinese Yuan remained rather stable and devalued by only 2% and the Indian Rupee, devalued by 7%. This was, however, not the case for the Euro. This currency increased in value compared to the US$. During the European lockdowns in March, the value of the Euro increased by 5.6% and between March and August 2020, over 9% (World Bank 2020). Although Covid-19 had a big impact on European countries, especially Spain and Italy, the effect on the

exchange rate compared to the international standard, the US$ was in the opposite direction, unlike that seen for developing countries (World Bank 2020). If changes in exchange rates are indicative of the national economic impact of the virus and the policy response to it, it is clear that these consequences vary hugely between countries and even more so between developed and developing countries.

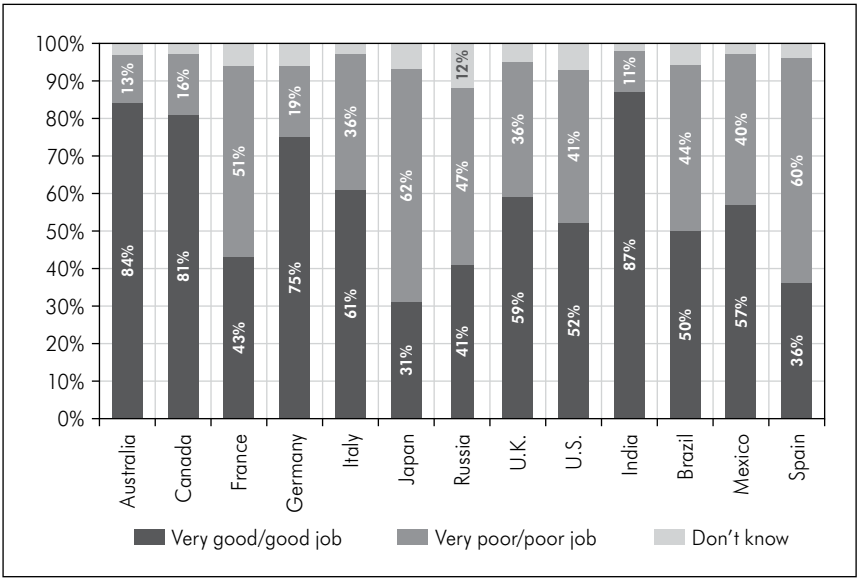
Social consequences

Not all consequences of the policy responses to Covid-19 have to be seen as dysfunctional. As indicated already the reduction in road traffic fatalities and the reduced number of homicides in South Africa was positive. A positive effect was unexpectedly also seen in domestic, intimate and personal violence. Many international organisations feared that this kind of violence would increase as a consequence of the lockdown. The surge in domestic violence was seen in many countries according to the ActionAid report (2020). The ActionAid report mentions an increase in the calls to a national anti-violence hotline in Italy of 59% comparing 2020 with 2019. The ActionAid report (2020) also mentions a tenfold increase in sexual and domestic violence in Bangladesh, a 700% increase in demand for counselling services in the Gaza Strip, and a 230% increase in Greece in the call volume to the government hotline within one month during the lockdown. All this makes the organisation conclude that domestic violence has surged worldwide. Services across the globe are being cut or closed leaving women trapped – or forced to return to dangerous households (ActionAid 2020). However, such an increase is not the case in South Africa (Institute for Security Studies (ISS) 2020a). The number of domestic violence cases reported to the South African police between March and April dropped by 69.4% (ISS 2020a). Although the validity of such figures for the actual frequency of domestic violence can be disputed, it can also be a consequence of the peculiarities in the South African policies to combat the virus, namely by installing an alcohol ban. The main reason for the alcohol ban was to reduce the burden on trauma centres, ICU units, and hospital admissions, as many traffic accidents are due to alcohol abuse and violence on the streets (stabbings) is often related to alcohol. The alcohol ban would also have a preventive effect in complying with the requirements of social distancing, hand sanitation, and the use of face masks. It was anticipated that it would reduce domestic violence as well, as scholarly studies had pointed out that such violence is in the vast majority of cases due to excessive consumption of alcohol (ISS 2020a). The example shows that anticipating otherwise unanticipated consequences of one's policies can reduce the magnitude thereof and produce positive effects.

Political consequences

The medical strains, the economic downturn, and the limitations imposed by the policy response to Covid-19 have caused protest demonstrations in many countries.

Figure 3: Is your government doing a good job on containing Covid-19?



Source: (IPSOS 2020) (Note: Data labels under 10% are not shown)

First of all, in those countries that were already heavily politicised, and in which the leaders were reluctant to implement the WHO recommendations (a/o. Brazil, USA). South Africa did not escape from such protests either. The country saw an increase in protest demonstrations from March 2020 onwards. These demonstrations are most frequent in the most populous provinces being hardest hit by Covid-19. The Western Cape recorded one-third of all protest action (33%), followed by Gauteng (27%), KwaZulu-Natal (17%) and the Eastern Cape (15%) (ISS 2020b). The number of protest demonstrations went up from two a day in March to eight a day in July.

Nonetheless, a survey among South Africans (Independent Polling System of Society (IPSOS) 2020) showed that the vast majority are satisfied with their government's response to the pandemic (83% vs 17% dissatisfied). Almost all support the idea of requiring those with Covid-19 to remain home until they are well (97%); requiring those who have contact with infected people to self-isolate (96%); and stopping handshake/kiss greetings (95%). They also support restricting public gatherings, and the public health social measures: closing restaurants/night-clubs (95%); churches and mosques; markets; closing a city off for two weeks (80%); closing transport between cities; and closing transport in and around cities (73%). Nine in 10 (93%) support school closures (IPSOS 2020). Apart from South Africa, the support given to different governments' responses to the pandemic is shown in Figure 3.

Shown in Figure 3 is that such support varies hugely among countries. At the end of April 2020, only in India was a higher percentage found compared to South Africa, where they judged that their government had done a good job (87%). In France, Japan, Russia, and Italy – all hard-hit countries – a minority of respondents judge favourably regarding the response of their government to Covid-19.

It requires a lot of additional research to understand the peculiar finding that the support for the government policies is the highest in those two countries – South Africa and India – that were hit hardest by Covid-19 as indicated by the surge in the number of infections and the severity of unanticipated medical and economic consequences.

DISCUSSION AND CONCLUSIONS

This article calls for contextualisation in the analysis and evaluation of public policies and sees the policy responses to the Covid-19 pandemic as an exemplary case that shows why this is needed. We used South Africa as our point of departure. This was not only done because two out of the three authors are South Africans. South Africa is special in many aspects. The poverty among a large portion of the population, the number of people working in the informal sector and living in informal settlements, the number of unemployed, the country's politicisation, the corruption, the economic downturn already visible before the pandemic became a reality – these factors make it a prime example to argue that contextualising anticipated and unanticipated consequences of public policies is desperately needed. The research presented in this article is explorative. It points to the need to do such research in a much more advanced way. This is especially needed because although the authors conclude that conducting such research is necessary, it is also full of pitfalls.

There are at least three pitfalls in such analyses, as already mentioned by Merton (1936). The first concerns how to ascertain that a manifest or latent outcome is indeed the consequence of the purposive action and can be attributed to that action. Merton (1936) gave two reasons for such causal imputation, namely that the outcome would not have occurred had the action not been undertaken, and second, that the supposed relation between the action and the outcome 'makes sense'. Applying these remarks to the illustration of the consequences of Covid-19 and the policy responses in South Africa shows the existence of these pitfalls. Perhaps it makes sense to see the devaluation of the rand as a direct consequence of the policies enacted, but taking a long-term perspective one could ask whether such a downfall would not also have occurred without the pandemic. It results in the question of whether the fall in the exchange rate was due to the measures enacted to combat the virus, would have occurred anyway, or were accelerated by

the pandemic. Such research remains tricky although nowadays advanced methods are available to make a convincing argument about cause and effect based on empirical research – experiments, statistical causal analysis, multilevel causal modeling, and qualitative comparative analysis. Policy analysis has also benefitted from advanced theories, more or less grounded in empirical research, giving the generative mechanisms and pointing out the specific combinations of contextual and instrumental variables that result in the effects. If the observer provides the generative mechanism between the purposive action and the outcome within the specific context, based on sound theorising and empirical support, causal imputations will be stronger. Nonetheless, the argument for causation cannot be proven and can always be contested, especially because empirically we are dependent on valid and reliable indicators, which are not always available.

A second issue in analysing unanticipated consequences of purposive action distinguishes whether these consequences are beneficial or harmful. The issue that arises is 'beneficial for whom' and 'harmful for whom'. Merton himself distinguished between the consequences for the actor, the target group, and society as a whole (Merton 1936: 895). A more recent typology by Wilson about the distribution of costs and benefits of policies adds to this distinction (Wilson 2009; Knill and Tosun 2008). Wilson distinguishes between diffuse and narrowly concentrated benefits of a policy, and diffuse or concentrated costs involved. In the Covid-19 pandemic and the policy response, both benefits and costs seem diffuse, but this does not prevent the policies from having severe effects, especially on countries and people living in countries that are already disadvantaged.

The classic view is that unanticipated consequences are due to the nature of the purposeful action. This goes to the heart of policymaking as the goals (purposes thereof) and the instruments used to achieve those goals are seen as the determinants thereof. As to the goals of policies, a useful typology to distinguish such goals is whether the policy is meant to be regulatory – specifying conditions and constraints for individual and collective behaviour; distributive – providing resources and infrastructure; redistributive – changing the distribution of goods and services; or constituent – modifying procedures and institutions (Lowi 1972). Notwithstanding the usefulness of this distinction, the pandemic shows that specifics of the context in which goals are set and policies implemented determine whether regulatory goals will have unanticipated constituent, distributive, or redistributive effects. It is apt to refer to Knill and Tosun, who argue that policies meant to be one kind of policy (regulatory or constituent), could well have unanticipated consequences in a completely unanticipated way, namely in their distributive and redistributive effects, and vice versa (Knill and Tosun 2012: 18).

Unanticipated consequences can also be the result of the instruments applied in a policy. Legal instruments (law making, regulations) have unanticipated consequences regarding the costs of their maintenance and ensuring compliance. These

could also result in a changed morality not arguing that something is good or bad in itself, but that something is good or bad dependent on its being allowed or prohibited by the law. This is seen as an inferior kind of morality and as such, a dysfunctional unanticipated consequence (Auerbach 1983:vii; De Vries 2016:99).

The use of financial instruments – subsidies, levies, fines and rewards – is known for its so-called Matthew effect: "He who has shall be given". It implies that such instruments are likely, but unintentionally increasing inequality as the larger part of subsidies is often received by groups who least need them (De Vries 2010).

The same goes for communication as a policy instrument that is known for producing a knowledge gap. The unanticipated consequence of information and communication transfer is that those people who are already well informed will benefit most, and such instruments increase the difference between the haves and the have nots.

In the response to the Covid-19 pandemic, all these instruments are used. There are laws and regulations installed for lockdowns and social and respiratory distancing. Fines are issued for violations, governments took care of ample communication and informing the citizenry about developments in the spread of the virus and the actions taken, and at times additional hospitals were built to take care of those who suffered serious medical problems when becoming infected.

The basic idea is that unanticipated effects of purposive actions (policies) are inherent to the goals of and means used in those actions. This article went one step further in arguing that this is still only half the story. The context in which policies are designed and the goals and means applied determines the variance in the unintended consequences of such actions. According to the authors, the nature of policies might be less relevant than their fit with contextual features in which the action takes place.

All this results in the conclusion that it has been very dangerous to place such importance on the advice of virologists in policymaking all over the world as a response to the Covid-19 pandemic. Educated in medicine, virologists were expected to produce a one-size-fits-all policy to be implemented in every country, irrespective of the medical, economic, social and political consequences. They could not have anticipated all these consequences and even less that these would vary with contextual variance. At the start, it was said that 2020 might be seen as the year in which policymaking all over the world was handed to virologists. Probably, in the years to come, public administrators will be asked to clean up the consequences.

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AUTHORS' CONTACT DETAILS

Prof Michiel S de Vries
Department of Public Administration and Management
University of Free State
Radboud University Nijmegen
Nijmegen
Netherlands
Address: Heyendaalseweg 1416525 Aj Nijmegen
Tel: 0031615575321
E-mail: **m.devries@fm.ru.nl**

Prof Liza Ceciel van Jaarsveldt
Department of Public Administration and Management
University of South Africa
Pretoria
South Africa
Address: P O Box 392, Unisa 0003
Tel: 27124293771
E-mail: **vjaarlc@unisa.ac.za**

Prof Hendri Kroukamp
Department of Public Administration and Management
University of the Free State
Bloemfontein
South Africa
Address: P O Box 339, Bloemfontein 9300
Tel: 27836308047
E-mail: **KroukHJ@ufs.ac.za**